GLENWOOD AND WOODWARD RESOURCE CENTERS
ANNUAL REPORT OF BARRIERS TO INTEGRATION

Calendar Year 2020

Introduction

Purpose of this report:

The Department of Justice settlement with the state Resource Centers (RCs) in November 2004 includes an agreement that the major barriers to each individual's move to the most integrated setting will be identified. The information is to be collected, aggregated, and analyzed. Annually the information is to be used to produce a comprehensive assessment of barriers that is provided to the Mental Health and Disability Services Commission and other appropriate agencies. Per the settlement, "If this information indicates action that the State can take to overcome barriers, taking into account the statutory authority of the State, the resources available to the State and the needs of others with mental disabilities, a plan will be developed by the State and appropriate steps taken."

Subject of this report:

This report contains data about the identified barriers of all persons residing in the Resource Centers' Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDs) programs as of December 31, 2020, and who have been identified as having at least one barrier to moving from the campus to a community setting. The data, analysis, and actions are for Glenwood Resource Center (GRC) and Woodward Resource Center (WRC) combined.

Number of Individuals Residing at Resource Center ICF/IDs
(December 31, 2020)

	Adults	Under Age 18
GRC	184	0
WRC	115	3
Total	299	3

Definition of barrier:

Barriers are defined as "what prevents an individual from living in the community." These barriers indicate there is a need to continue to increase community service providers' capacity to effectively meet the needs described in the barriers and help to address concerns of the individual, guardian or legal representative regarding living successfully in an integrated community setting.

Barrier Data and Discussion

Major Barrier Prevalence

(A person may, and often does, experience more than one barrier category)

Barrier	Definition	Minor %	Adult %
Problematic behavior makes it difficult to ensure safety for self and/or others	The person has significant problematic behavior that requires supports for a person's safety or the safety of others. Problematic behaviors most commonly included in this category are physical aggression, leaving the home or work area without notifying staff if unsupervised time creates a risk of harm to self or others, problematic sexual behavior, destruction that may be dangerous to self or others, and various forms of self-injury. An infrequent but extremely dangerous issue is fire setting.	WRC 3/3 100% GRC 0 Total 100%	WRC 79/115 69% GRC 131/184 71% Total 70%
Under-developed social skills	The ability to practice what community members commonly consider appropriate social skills is significantly impaired and affects the person's housing, jobs, support staff, or housemates. Examples include extreme disruptive behavior, repeated verbal threats that result in concerns about safety for others, multiple unfounded accusations against staff, repeatedly invading personal space, loud or rude behavior that results in others not wanting to live with the person, inappropriate touch, inability to interact with others, inappropriate urination, and disrobing in public.	WRC 3/3 100% GRC 0 Total 100%	WRC 18/115 16% GRC 43/184 23% Total 20%
Health and safety	The person has multiple, severe, and/or sensitive health concerns that contribute to very fragile health and complex health care needs. The person may be unable to verbally report symptoms or accurately identify and request assistance with symptoms that could indicate that their health is at risk. The person may require specialized medical treatment and/or monitoring that is not readily available in the area of choice or the level of care they would prefer (e.g. assistance with monitoring and administering injections for diabetes, fast and frequent access to monitoring/adjustment of adaptive equipment, nutrition and medication via g-tube, prn medication for seizures).	WRC 0/3 0% GRC 0 Total 0%	WRC 12/115 10% GRC 47/84 30% Total 20%

Barrier	Definition	Minor %	Adult %
Individual, family or guardian reluctance	Individual, family and guardian reluctance to moving from RC environment to community supports. Examples of concerns cited are community providers' ability to provide the level of support necessary for success, lack of a safety net when support needs become more intense, family member has lived in the RC setting for many years and considers it to be their home, difficult adjustment to change, community ability to provide the medical support and consistency of care as provided at the RC, not successful in community in the past, lack of well trained, consistent, familiar staff, safety of the community.	WRC 0/3 0% GRC 0 Total 0%	WRC 75/118 63% GRC 147/184 80% Total 74%

Discussion

Category: Safety due to Problematic Behavior

This includes safety of the individual, as in areas of self-injury, leaving the home or work area without notifying staff if unsupervised time creates a risk of harm, behavior toward others that invites others to cause harm to the individual, or lack of understanding of situations that place the individual at risk. A second, but equally important concern is safety of others, such as situations involving aggression, sexual assault, or fire-setting. Examples of self-injury include cutting self, swallowing items, inserting items in a bodily cavity, suicide threats and/or attempts, polydipsia, ingesting things not meant to be edible or unsafe food such as from the garbage or including the wrapper, purposeful falls. The cost and ability to hire and maintain staff and training to provide these supports at the frequency, consistency, or level of need for the individuals served in the RCs often can be a challenge, especially for community providers. To be included in this category, interfering behavior(s) have been determined to currently be at a level of frequency or intensity that the supports needed are greater than are commonly offered by community providers. The percentage of adults experiencing this barrier has risen for a number of years at 60% in 2014, 61% in 2015 and 2016, 64% in 2017, 68% in 2018, 69% in 2019, and 70% in 2020. The GRC waiver data was accidently included in the 2018 number. The rise for many years is a reflection of the practice that people moving into the Resource Centers are those for whom a statewide search results in no community provider available. The implementation of tiered rates for HCBS ID Waiver with a significantly higher rate for the top tier may be beginning to impact this positively.

Category: Underdeveloped Social Skills

This area has to do with a need for further social skill development. Disruptive behavior is at a level of intensity that people around the person are unwilling or unable to tolerate living, working or socializing with the individual and making it very difficult for the individual to find housing, work, and staff support. Housemates may not have the opportunity to participate in activities because this person has to be removed from social events. The provider may have difficulty maintaining consistent staff due to burn out or repeated threats and accusations. Staff may have difficulty supporting others in the setting because of the intensity of need of this person. The number of people experiencing this barrier decreased from 35% of adults in 2012

to 25% in 2013, 11 % in 2014, and 8% in 2015. The number increased slightly to 9.6% in 2016 and significantly to 20% in 2017, staying steady at 20% in 2018, 21% in 2019, and 20% in 2020. The significant increase in 2017 may be due to a closer look at some of the people who have reluctant guardians and whether there were additional barriers beyond guardian reluctance. GRC waiver data was accidently included in the 2018 number.

Category: Health

This category has to do with individuals with significant medical needs. Often these individuals are older and are medically fragile; they frequently experience communication difficulties and rely on staff who knows them well enough to understand non-verbal signals and recognize signs of discomfort or medical need. Health is fragile enough that without staff ability to quickly recognize early and subtle signs of illness, the persons' health would be quickly compromised. Some individuals use a g-tube for nutrition, hydration, and medication. Some individuals require prn medication for seizure activity. Many individuals use extensive adaptive equipment. Homes need to have space and accessibility. For some individuals, quick access to adjustment and repairs for adaptive equipment (lifts, wheelchairs, bath carts, etc.) is essential for maintaining health. Individuals also rely on supports provided by quick access to professionals available at the RCs (doctors, nurses, physical, occupational and speech therapists on grounds or on call). It is difficult for many guardians to consider a move to a setting where those resources may not be as readily available. The number of people experiencing this barrier was 30% of adults in 2011, 2012, and 2013 and decreased to 22% in 2014, 20% in 2015, and 16% in 2016. There was a slight increase to 17% in 2017, 21% in 2018, 22% in 2019, and 20% in 2020. The earlier decreasing trend may have in part been due to more accurately determining what things are actually barriers, some individuals passing away and some individuals moving to hospice or a skilled health care setting. The increase for a couple of years may be a reflection of those who have lived at the Resource Centers for many years continuing to age.

Category: Family/Guardian Reluctance

The two most frequent concerns expressed by guardians of individuals living at the Resource Centers are that community services will not provide as good a quality of service, be unable to safely support significant problematic behavioral issues as evidenced by past experience of multiple discharges and lack well trained consistent staff. The other is that individuals will not have the needed nursing and medical care such as they receive at the Resource Center. Other reasons expressed for reluctance include: familiar and trusted staff; the individual is happy, this is home, don't disrupt that and cause significant stress and loss; safety of the community if the person doesn't have the level of supervision needed; law enforcement involvement and possibly prison time if the person doesn't have the level of supervision needed; honoring the wishes of a deceased parent; lack of trust in the managed care system; and psychiatric care. A few individuals also express that they do not want to move. Family members often react emotionally when approached about transitions to community services; they talk about their fears that a move to a community setting may not last, that their loved one will experience a long-term hospitalization due to a lack of enough community services to meet their support needs or that family members will be required to provide a home and care without enough support available to them. Family members express concern that the health of their loved one will be in jeopardy without the health care services at the RC and the trained, long term staff who know the person well and can identify early signs of a health concern. The

number of people experiencing this barrier increased from 61% of adults in 2012 to 68% in 2013. The percentage continued nearly steady at 69% in 2014 and 68% in 2015 and 2016. In 2017 there was a decrease to 60%. Our 2018 data is incorrect so is not included in the report. In 2019 there was an increase to 73% and it stayed almost steady in 2020 at 74%. Some reasons for decreases in guardian reluctance may be many years of continued efforts by the social workers talking with guardians about discharge planning, some individuals who had lived at the RCs many years passing away, and the guardians of some people who move into a RC supporting the person moving out again when a provider is able to meet their needs. This willingness does sometimes fade however, as the person does well. Guardians comment that the person is doing the best they ever have and are happy and they don't believe that will continue if the person moves out. Some reasons for increases in guardian reluctance may be people without reluctant guardians moving out which results in a higher concentration of those with reluctance at the RCs, changes in the provider system that cause concern such as the direct support staff shortage, a decline in the person's physical or mental health, and an individual's reluctance discovered once move exploration starts. In 2020 there was increased guardian education and discussion including with DHS Director Garcia. See the Actions section of this report for more detail.

Additional Comments:
Lack of jobs or day activity continues to be a concern. Guardians have also expressed this. A meaningful day is important for everyone and a key to success for many people, whether employment related or in a structured activity or volunteer setting. Meaningful day activity may be important for self-esteem, social, earning, and structure of the day. Lack of meaningful activity often leads to difficulty with problematic behaviors.

We initially observed changes in the service system which appeared to be in response to managed care and the implementation of tiered rates for ID waiver. Providers consolidated and more waiver service settings increased to serving four people instead of three. Toward the end of 2019, we started to see some provider expansion in the HCBS ID waiver programs with existing providers. Additionally, the higher tiers appeared to be attracting some providers who were looking to exclusively serve people who are a Tier 5 or 6. We continue to see some interest in serving people who are Tier 5 or 6 although not often for serving someone who might cause harm to housemates or staff. We've also heard from providers who aren't able to provide the supports a person needs with the payment received according to the person's assigned tier.

In 2020, COVID had a big impact on transitioning activities, and it appeared that many providers delayed admissions. We are seeing a little expansion now in 2021. Some by newer providers and some hoping to expand if they can make progress with recruitment and retention of staff. Finding people interested in providing direct support has become even more challenging since COVID. That significantly impacts expansion. The host home model of providing services continues to become more prevalent; in part, because of the difficulty in finding direct support staff for group residences.

Regional Preference by Age Range & Gender

Some individuals have specified geographically where they would prefer to live. The following table provides that information by age and gender within regions of the state. See Appendix A for a map.

BY MHDS Region

REGION	AGE RANGE	MALE	FEMALE	Total
Central Iowa Community Services 28	Under 18			
	18 to 25			
	26 to 40	6	3	9
	41 to 65	13	2	15
	Over 65	4		4
County Rural Offices of Social Services 4	Under 18			
	18 to 25	1		1
	26 to 40			
	41 to 65	2		2
	Over 65	1		1
County Social Services 25	Under 18			
	18 to 25			
	26 to 40	8	2	10
	41 to 65	8	1	9
	Over 65	4	2	6
Eastern Iowa MHDS 11	Under 18			
	18 to 25	1		1
	26 to 40	5		5
	41 to 65	3	1	4
	Over 65	1		1
Heart of Iowa Community Services 4	Under 18			
	18 to 25			
	26 to 40	3		3
	41 to 65	1		1
	Over 65			
MHDS of East Central Region 21	Under 18			
	18 to 25	2		2
	26 to 40	5	2	7
	41 to 65	4	2	6
	Over 65	4	2	6

Care Connections of Northern Iowa 7	Under 18			
	18 to 25			
	26 to 40	1		1
	41 to 65	4		4
	Over 65	1	1	2
Polk County Region 46	Under 18	1		1
	18 to 25	2		2
	26 to 40	13	3	16
	41 to 65	14	4	18
	Over 65	4	5	9
Rolling Hills Community Services 3	Under 18			
	18 to 25			
	26 to 40	2	1	3
	41 to 65			
	Over 65			
Sioux Rivers MHDS 3	Under 18			
	18 to 25			
	26 to 40	1		1
	41 to 65	1		1
	Over 65	1		1
South Central Behavioral Health 7	Under 18			
	18 to 25	1		1
	26 to 40			
	41 to 65	5		5
	Over 65	1		1
Southeast Iowa Link 8	Under 18	1		1
	18 to 25			
	26 to 40	4	1	5
	41 to 65		1	1
	Over 65	1		1
Southern Hills Regional Mental Health 3	Under 18			
	18 to 25			
	26 to 40	1		1
	41 to 65			
	Over 65	1	1	2
Southwest Iowa MHDS 123	Under 18	1		1
	18 to 25	4		4
	26 to 40	16	8	24
	41 to 65	49	18	67
	Over 65	19	8	27
Out of State 4	Under 18			
	18 to 25			
	26 to 40			
	41 to 65	3		3
	Over 65	1		1

Whole State 4	Under 18			
	18 to 25		1	1
	26 to 40	1		1
	41 to 65	1		1
	Over 65	1		1
No Preference Identified 1	Under 18			
	18 to 25			
	26 to 40	1		1
	41 to 65			
	Over 65			

Actions this Reporting Period

Overall

- IA Health Link, has been effective since April 1, 2016. United Health Care (UHC) ended June 30, 2020 and Iowa Total Care started July 1, 2020. Amerigroup continues since the implementation of Iowa Health Link. Many individuals who previously had UHC were able to keep the same case manager. The case managers from the MCOs cover most individuals living at the Resource Centers (RCs). The MCO Case managers assigned to individuals at the Resource Centers are invited to participate as Interdisciplinary Team (IDT) members. The Iowa Total Care case managers have been consistently involved in IDT meetings. In early 2020, Amerigroup case managers began more frequently participating in meetings. Amerigroup assigned additional case managers to assist with discharge planning efforts.
- More of our meetings with providers in 2020 were virtual due to COVID. We continued to welcome providers to meet with us to learn about the support needs of individuals living at the RCs and to encourage new providers or expanding providers to develop services in areas identified by families as needed
- COVID also greatly impacted in-person visits of providers to campus and individuals to providers although we requested and received exceptions for transition related activities to the extent providers were also open to that. Virtual options were also utilized.
- Changed the area of choice region tracking to be by DHS Region to facilitate communication with the regions.
- An IDT transition planning meeting was held with each person living at the RCs. The meeting included the guardian and MCO case manager. The purpose was to discuss the future of where and how the individual wants to live and provide opportunity for the case manager to educate the guardian and individual regarding community service options available.

- The Individual Support Plan format and meeting was revised to better identify and focus on the individual's goals, transition planning and supports needed if the person were living in a community-based setting.
- A Person-Centered Assessment was added prior to each person's annual ISP to help identify preferences and goals.
- Transition Stages were formally defined in order to have common language to talk about where people are in the transition process and to track data. There are six transition stages.
- Criteria was developed for the RCs and MCOs working together to group people in waves as a guideline for the order of who to focus most intensely on in the effort to help people move to community based services.
- An updated standardized assessment was completed for everyone living at the RCs. The assessment is the Supports Intensity Scale (SIS). It helps determine the level of support needed. The SIS score then correlates with funding for waiver services. There are 6 standard tiers for funding with 1 being the lowest and 6 being the highest.
- A group consisting of the MCOs, MFP and RCs met to clarify roles in the transition work.
- Authorization was requested from guardians to share information with regions. This helps regions be more aware of community supports needed as they plan within the region. They can also assist in identifying potential providers and be a resource for guardians interested in talking with someone more local.
- The transition plan document was revised so the supports categories are more consistent with those in the MFP Transition Guide and added cue questions from that guide regarding what potential support needs to think about.
- DHS Building The Community 2020, Community Integration Strategic Plan was developed and implemented to ensure individuals with intellectual and developmental disabilities have access to the least restrictive setting to support high quality of life.
- An interagency community integration workgroup including DHS, MCOs, and MFP began work
- Admissions policy for the RCs was revised including that referrals are now directed to the MCOs to assure exhaustion of community alternatives before consideration of RC campus residential services. The policy also includes assignment of a case manager if the individual does not have an MCO.
- A DHS spreadsheet was created to identify all individuals residing at the RCs and key information about demographics, guardian, MCO, potential barriers to community integration, SIS completion, initial transition planning meeting completion, MFP involvement, wave, and stage. Data is updated each 2 weeks.

- A DHS Dashboard for public view was developed including Facilities Community Integration Data.
- A Gap assessment was initiated to identify gaps in community services via collaboration with the Iowa Association for Community Providers, MHDS Regions, the MCOs, MFP, and parent groups at the RCs. Partnering with AFSCME continued in order to understand the needs of direct support workforce
- A webpage on the DHS website was developed dedicated to the Community Integration Strategic Plan
- The Money Follows the Person Grant (MFP) was scheduled to end December 31, 2020 and were not able to take any new referrals in 2020. The program has now been extended. We continued to communicate with MFP for people with an assigned transition specialist and worked with MFP in the statewide stakeholders group and in the Community Integration Strategic Plan implementation work groups. MFP transition specialists provided us some information about provider openings.
- Iowa Community Resources Guide For Individuals With Disabilities, Their Families, Guardians and Friends was developed and available on the DHS website.
- Trained Social Workers to enhance relationships with MCO and MFP case managers as well as the Regions in order to build a network of professionals working toward community living for all individuals at the SRCs.
- Interdisciplinary Teams were trained to discuss transitions at all meetings about individuals; what is "important to" and "important for" for the individual as they work toward the community.
- IDT members were invited and some attended presentations by providers via video to learn more about supports and services offered in Iowa.
- TPMs and RTSs were trained to incorporate Transition Planning into the annual Individual Support Plan meeting by focusing on community-based support needs, transition planning and skill development during those meetings.
- Created a Transition Guidebook as a resource for the social workers

Problematic Behavior and Underdeveloped Social Skills

- Provided therapy and counseling support services at the RCs within groups and individually. Some topics and interventions include social skills; Dialectical Behavior Therapy (DBT) skills including mindfulness, anger management, and interpersonal communication skills; human sexuality/sex education; sex offender; social boundaries; reality therapy, victim support; positive life skills; relationships; problem solving; grief; and Acceptance and Commitment Therapy.
- Continued to use the trauma screening tool to ensure that all mental health needs are being covered individuals at the RCs, which may include the Adverse Childhood Experiences (ACE) Questionnaire.

- Provided training in some Cognitive Behavioral Therapy (CBT) and DBT skills as well as Positive Behavior Supports (PBS) for new staff at orientation and offered this training as needed to individual team members.
- WRC provided staff training on "The Struggle Switch" from Acceptance and Commitment Therapy (ACT) at the 2020 staff Skills Fair.
- WRC's Behavioral Empirically Supported Therapy Team (BEST) continued the expansion of behavioral services to include numerous supports and strategies which are rooted in ACT and were custom designed to match the goals, values, and skills of individuals receiving services at Woodward Resource Center.
- WRC continued an 8-hour staff training on ACT.
- Expanded WRC and GRC psychologist skills through joint literature review related to Relational Frame Theory/Mastering the Clinical Conversation.
- Two psychologists at WRC are Board Certified Behavior Analysts.
- WRC provided services to individuals on campus in the area of problematic sexual behavior through a team which included staff trained by the Iowa Board for the Treatment of Sex Abusers (IBTSA). Four members are certified by IBTSA. Additional members are in the training process. A team member serves on the IBTSA board. A team member is a member of the Association for the Treatment of Sexual Abusers (ATSA). The team was available for consultation and training to community providers.
- WRC staff made two presentations at the 2020 IBTSA In-service.
- Continued using Footprints and incorporating ACT concepts in working with individuals with problematic sexual behavior.
- Abel-Blasingame Assessments **(**ABID) continue to be completed based on the training received in the prior year. This helps identify sexual preference to assist in treatment and supporting individuals with sexual offending behavior.
- Proposed adjustments/changes to treatment of individuals with sexualized behavior include but are not limited to: Administration of the STATIC-99R or the ARMIDILO-S as an admissions risk assessment for those with sexually problematic behaviors as well as those with sexual convictions. Core program would be Footprints. Facilitating post-program risk assessment using the ARMIDILO-S or STABLE-2007 and the ABID. Introduction of a continued care program (relapse prevention) for those individuals that complete the core program. A logic model has been created for this proposal.
- Collectively, WRC Psychologists
    - 1) attended the 2020 Iowa ABA Conference and the 2018 Iowa Mental Health Counselors' Association Conference,
    - 2) have membership with Iowa Association for Behavior Analysis and the Association for Contextual Behavioral Science,
    - 3) obtained training to provide supervision to Board Certified Behavior Analysts,
    - 4) attended trainings/webinars on "Gender Dysphoria; DNA-V (ACT model for youth); ACT for individuals with Intellectual Disabilities; Teaching Learners with Autism to Cooperate with Medical Procedures; Maximizing Independence during

Self Cares; Sexual Offending by Females; Sexual Behavior, Functional Assessment and Human Rights; Sexual Health for BCBAs; OBM Systems to Increase Employee Engagement and Decrease Clinician Turnover; Recent Advances in Assessment, Intervention, and Prevention of Behavior Disorders; Assessing and Treating Pediatric Sleep Disturbances; Female Sex Offenders; Group Therapy with Those Who Sexually Abuse; Working with Women who are Sexual Abusers; Relational Frame Theory and Behavioral Flexibility Training; Treatment of Automatically Reinforced SIB; Evidence Based Trauma Treatments and Interventions; 10 Core Competencies of Trauma, PTSD, Grief and Loss; Trauma Informed Care for Behavior Analysts; Help Your Staff Be the Best They Can Be: Behavioral Skills Training; Blank Children's STAR Center Spring Workshop Series.

- Offered consultation and training throughout Iowa, via the "Iowa's Technical Assistance and Behavior Support" (I-TABS) program, to providers, families, and case management who support people who do not live at the RCs. This expands community stakeholder skills, which may increase their ability to maintain people currently living in the community and eventually support individuals moving from the Resource Centers.
    - Consultations: responded to information requests from numerous callers and also provided 55 complete on-site and/or phone consultations.
    - Training: topics include: Validation Variations, Autism Spectrum Disorder and Behavior that is Sexually Offensive to Others, Opportunities for Behavior Analysts, What to do When Things Go Wrong, Choice Point (from ACT), Non Pharmacological Treatments for Autism Spectrum Disorder, Overview of I-TABS
- I-TABS noted these trends:
    - Demographics continue to be autism spectrum disorder, reactive attachment disorder, anxiety disorders and occasional neurocognitive disorder.
    - A few stakeholders request multiple consults over several months, this is most common among host home providers.
- Agencies received training as part of individuals' transitioning to their services. Topics included such things as the person's Individual Support Plan and Behavior Support Plan, individual routines, communication techniques, anticipated adjustment behavior and some training specific to supporting a person with problematic sexual behavior. Typically training involves agency staff spending time at the RCs shadowing RC staff, RC staff spending time at the agency prior to move, day of move, and following move. In 2020, due to COVID, it was more common for RC staff and the individual to travel to the agency than for the agency to visit on campus. A variety of staff were involved in providing the training. Follow-up training was provided as needed during the transition period.
- The Autism Resource Team continued providing training to all new WRC staff at orientation. The team was trained in TEACCH.

Family/Person Reluctance

- Continued sending the guardians/families information about providers from the person's area of choice with the invitation to the person's annual meeting.
- Involved RC staff beyond social workers in visits with providers and follow-up visits to increase staff's comfort level with moves which in turn may increase confidence of families and individuals living at the RCs that community services can be successful in supporting an individual.
- Guardians educated through monthly success stories and provider information.
- Research about community integration was provided to the social workers as a resource for guardians.
- Social Workers educated about the community services available through multiple provider presentations.
- Social workers were provided additional training about motivational interviewing, interactions with guardians about transitions, transition plan enhancements and selling the concept of community living to guardians.
- Encouraged guardians to view Ambassador Videos on multiple occasions to provide them first-hand accounts of success in community-based settings.
- Invited families to visit providers with us.
- Guardians have visited community settings with SRC employees.
- Initiated monthly Town Hall meetings for the guardians and families of individuals' living at the RCs with DHS Dir. Garcia and RC Superintendent Edgington.
- Success Stories published by DHS.
- Changed the process for some IDT meetings for the social worker to review discharge planning efforts rather than barriers in an effort to help guardians focus on opportunities rather than barriers.
- Discharge Policy revised including re-instating 6 month return agreements and post move follow-up expanded to 12 months
- Continued to encourage and assisted people to identify a preferred area of the state to live in so we can provide more detailed information about services available in that area and encourage guardians to develop relationships with providers and coordinators of disability services in the regions and educate them on the support needs of the individuals.
- Shared stories about people who have successfully moved via individual discussions with guardians and family.
- Interdisciplinary teams continued to talk with guardians reluctant to move to obtain more specific information about their concerns in order to address those.
- Social workers continued to familiarize themselves with services and supports available across the state through visits to providers and providers meeting with the social work department on campus. Information about services available are shared with

families/guardians as providers are identified who may be able to meet the needs of each individual.
- Social workers continue to have more frank discussions with guardians on census reduction, house consolidation, and general characteristics of the individuals who typically move into the RCs.
- Discussion continued with MCO case managers about guardian reluctance and the reasons; some involvement from the case managers in talking with guardians.
- Continued sharing monthly reports with guardians, allowing them to see ongoing progress and the fluid shift in supports needed for the individual.
- Continued discussion of some provider openings at Social Work Department meetings to provide peer feedback and support regarding referrals and discussions with reluctant guardians.

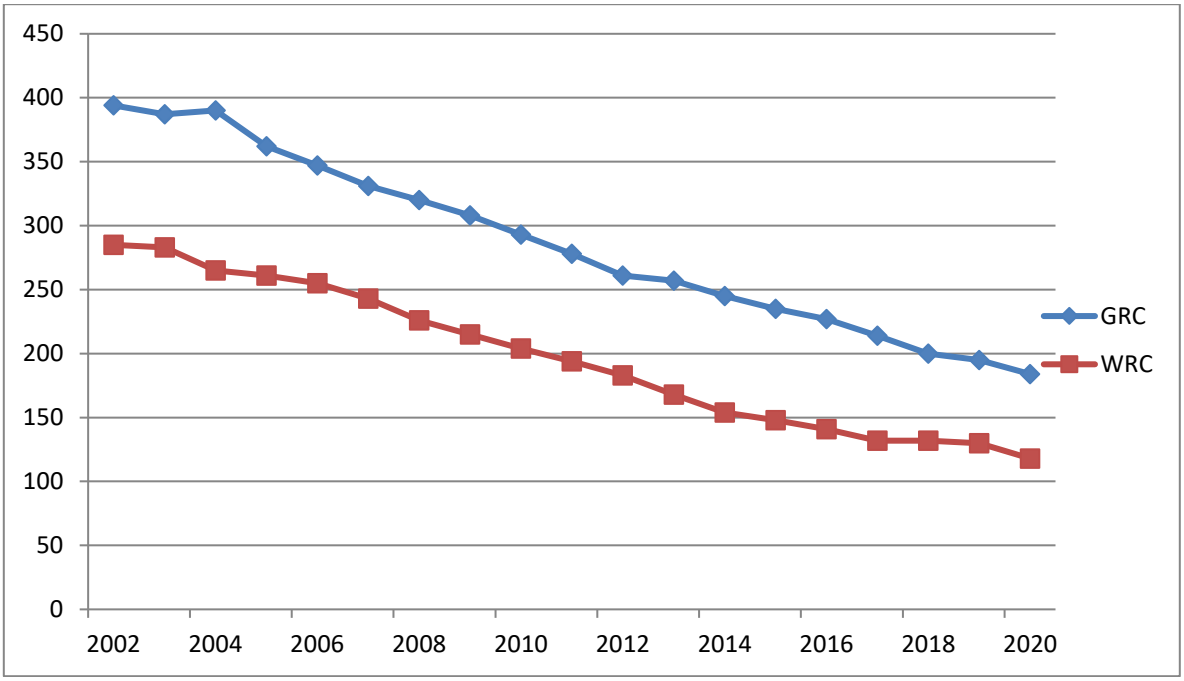
Health

- Continued to share this need with providers as they visit to discuss their services.
- Individuals with this barrier also share in the highest number of reluctant guardians. The lack of ability to make referrals for the medically involved population limits the SRC's knowledge about medical supports available in the community.
- Generally, the medically involved population has resided at the SRCs for the majority of their lives and so the guardians often speak of this being "the only home they have ever known"
- Encouraged provider offering medical supports to expand to areas of the state where individuals with like needs prefer to live.

Vocational

- Continued to work with the vocational specialist with the MFP grant until her retirement.
- For some individuals moving out, assured referral to and completion of application for Iowa Vocational Rehabilitation Services (IVRS) prior to move so referral to IVRS in area moving into could be done more quickly once that area was determined.
- Continued to implement changes to the Workforce Innovation and Opportunity Act. This included educating individuals and guardians about the right to work in the community and making referrals to Iowa Vocational Rehabilitation Services as requested.

Census Reduction



The census of the RCs has decreased as people have successfully moved to services with community providers. For a number of years, the RCs have had a specific census goal and have accomplished this through helping people secure services with community providers and helping prevent the need for people to move in.

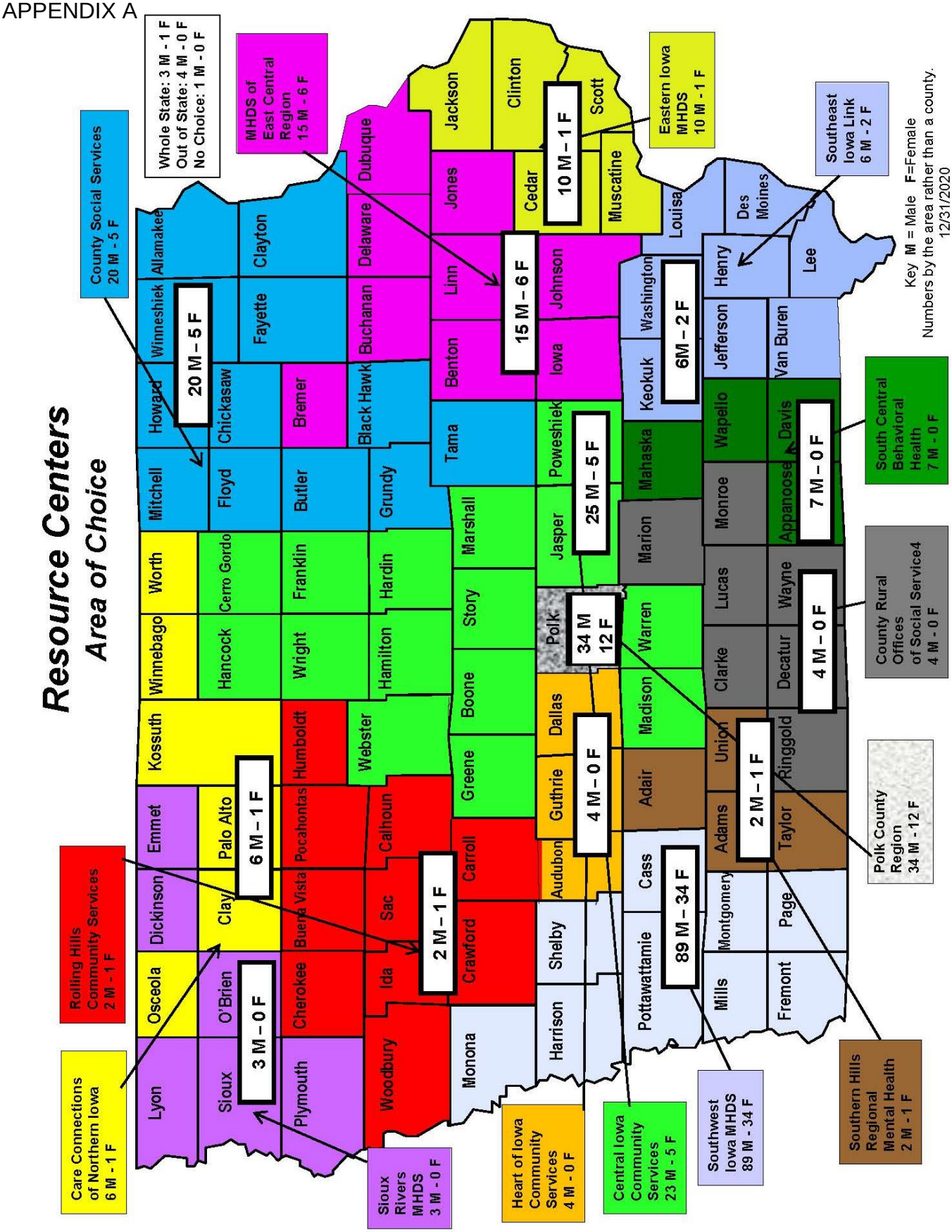
The RCs are committed to continuing to help people move to and stay in the communities of their choice. Some of the actions taken to accomplish this include:

- Educating others about the RCs' shift in role to shorter rather than long term residential services.
- An RC admission inquiry process that focuses on preventing the need for admission.
- Treatment focus on the specific reasons the community providers are unable to support the person.
- Changing practices at the RCs to replicate what people experience living in the community.

The RCs place an emphasis on ensuring that people are moving with the appropriate services and supports to meet their needs and the moves can therefore be successful. The transition process includes:

- Comprehensive functional assessment to ensure essential supports for health and safety are identified
- A written transition plan developed by the IDT including the person, family/guardian, community provider(s), and case manager and includes a crisis plan.
- An individualized physical transition process that includes the person having visits from the provider staff and making visits to their new home before the move.
- Training of provider staff by the RC staff.
- Follow-up by the RC staff is provided for one year after the move.
- Inclusion of the case manager throughout the planning and move process and transfer of oversight to the case manager for follow-up after discharge from the RC

APPENDIX A


Resource Centers
Area of Choice
Whole State: 3 M - 1 F
Out of State: 4 M - 0 F
No Choice: 1 M - 0 F
County Social Services
20 M - 5 F
MHDS of East Central Region
15 M - 6 F
Eastern Iowa MHDS
10 M - 1 F
Southeast Iowa Link
6 M - 2 F
Rolling Hills Community Services
2 M - 1 F
Care Connections of Northern Iowa
6 M - 1 F
Sioux Rivers MHDS
3 M - 0 F
Heart of Iowa Community Services
4 M - 0 F
Central Iowa Community Services
23 M - 5 F
Southwest Iowa MHDS
89 M - 34 F
Southern Hills Regional Mental Health
2 M - 1 F
Polk County Region
34 M - 12 F
County Rural Offices of Social Service4
4 M - 0 F
South Central Behavioral Health
7 M - 0 F
Key M = Male F=Female
Numbers by the area rather than a county.
12/31/2020
20 M – 5 F
10 M – 1 F
15 M – 6 F
6M – 2 F
25 M – 5 F
34 M
12 F
7 M – 0 F
6 M – 1 F
4 M – 0 F
2 M – 1 F
89 M – 34 F
4 M – 0 F
3 M – 0 F
Lyon
Sioux
Osceola
O'Brien
Clay
Dickinson
Emmet
Palo Alto
Plymouth
Cherokee
Buena Vista
Pocahontas
Humboldt
Ida
Sac
Calhoun
Webster
Woodbury
Monona
Crawford
Carroll
Greene
Boone
Story
Marshall
Tama
Harrison
Shelby
Audubon
Guthrie
Dallas
Polk
Jasper
Poweshiek
Iowa
Johnson
Jones
Linn
Benton
Pottawattamie
Cass
Adair
Madison
Warren
Marion
Mahaska
Keokuk
Washington
Louisa
Mills
Montgomery
Adams
Union
Clarke
Lucas
Monroe
Wapello
Jefferson
Henry
Fremont
Page
Taylor
Ringgold
Decatur
Wayne
Appanoose
Davis
Van Buren
Lee
Kossuth
Winnebago
Hancock
Cerro Gordo
Worth
Mitchell
Howard
Winneshiek
Allamakee
Floyd
Chickasaw
Butler
Franklin
Wright
Hamilton
Hardin
Grundy
Black Hawk
Bremer
Buchanan
Delaware
Dubuque
Fayette
Clayton
Jackson
Clinton
Cedar
Scott
Muscatine
Des Moines